

PEMS Annual Plan
❖ Program Name (Table D)❖
2009

Please complete one Program Name page for each grant that your agency receives from VDH for prevention programs.

Agency Name: _____

Grant Program (check only one):

- ☐ African American Faith Initiative (**AAF**)
- ☐ AIDS Services and Education Grants (**ASE**)
- ☐ Minority AIDS Projects (**MAP**)
- ☐ MSM HIV Prevention Grants (**MSM**)
- ☐ Community HIV Testing Grants (**CHT**)
- ☐ High Risk Youth and Adults (**HRY**)
- ☐ Prevention with Positives (**POS**)
- ☐ Comprehensive HIV/AIDS Resource and Linkages for Inmates (**RLI**)

Programs – Please list below each program that your agency plans to implement under the above grant. This is the name used by your agency to identify a specific program to provide HIV Prevention services to clients under these grant funds – the program name **should start with the three letter designation** for your grant listed above. (e.g. ASE - IDU Program).

Please complete one **Program Model Worksheet** (page 2) for each program listed below.

D01. Program 1: _____

D01. Program 2: _____

D01. Program 3: _____

D01. Program 4: _____

❖ Program Model Worksheet (Table D) ❖
2009

D01. Program Name (from Page 1): _____

Program Models: Each program can have multiple models. A *model* is defined as the scientific or operational basis for a program including the replication model or procedural document on which the program is based.

Please list the name of each model below and fill out one **Program Plan worksheet** (pages 3-4) for each model listed.

Model 1: _____

Model 2: _____

Model 3: _____

Model 4: _____

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❖ Program Plan Worksheet (Table E1) ❖

101. Program Model Worksheet Name (from Page 2): _____

Basis for Program Model (chose one of the following):

- ☐ **Evidence Based Study** – complete section E102
- ☐ **CDC Recommended Guidelines** – complete section E103
- ☐ **Other Basis** – complete section E104

E102. Evidence Based Study (Program proven effective through research studies that have shown positive behavioral and/or health outcomes) If you select this, please choose one from the following list:

- | | |
|---|---|
| <input type="checkbox"/> Community PROMISE | <input type="checkbox"/> Cohen (1991): Condom Skills Education |
| <input type="checkbox"/> Healthy Relationships | <input type="checkbox"/> Des Jarlais (1992): AIDS/Drug Injection Prevention |
| <input type="checkbox"/> Holistic Health Recovery | <input type="checkbox"/> El-Bassel (1992): Building Skills |
| <input type="checkbox"/> Many Men, Many Voices
Education | <input type="checkbox"/> McCusker (1992): Informational and Enhanced AIDS |
| <input type="checkbox"/> Mpowerment | <input type="checkbox"/> Cohen (1992): Group Discussion Condom Promotion |
| <input type="checkbox"/> Popular Opinion Leader | <input type="checkbox"/> Hobfoll (1994): Reducing AIDS Risk Activities |
| <input type="checkbox"/> RAPP | <input type="checkbox"/> Kelly (1994): Cognitive |
| <input type="checkbox"/> Safety Counts | <input type="checkbox"/> Wenger (1991): HIV Education, Testing and Counseling |
| <input type="checkbox"/> SISTA | <input type="checkbox"/> Kelly (1989): Behavioral Self-management and Assertion Skills (Project ARIES) |
| <input type="checkbox"/> Street Smart | <input type="checkbox"/> Jemmott (1992): Be Proud! Be Responsible |
| <input type="checkbox"/> Together Learning Choices | <input type="checkbox"/> Rotheram-Borus (1998): 3 Session and 7 Session Small groups |
| <input type="checkbox"/> VOICES/VOCES | <input type="checkbox"/> Magura (1994): Intensive A small group intervention to reduce HIV/AIDS Education in Jail |
| <input type="checkbox"/> WILLOW | <input type="checkbox"/> Sellers (1994): HIV Prevention for Latino Youth |
| <input type="checkbox"/> SiHLE | <input type="checkbox"/> Orr (1996): Brief Behavioral Intervention |
| <input type="checkbox"/> CLEAR | <input type="checkbox"/> Eldridge (1997): Behavioral Skills Training |
| <input type="checkbox"/> OPTIONS | <input type="checkbox"/> Get Real About AIDS, 1992 |
| <input type="checkbox"/> Focus on Youth with impACT | <input type="checkbox"/> Stanton (1996): Focus on Kids |
| <input type="checkbox"/> MIP | <input type="checkbox"/> Kirby (1991): Reducing the Risk |
| <input type="checkbox"/> D-UP | <input type="checkbox"/> Get Real About AIDS, 1993 |
| <input type="checkbox"/> Partnership for Health | <input type="checkbox"/> St. Lawrence (1995): Becoming a Responsible Teen (BART) |
| <input type="checkbox"/> Project RESPECT | |
| <input type="checkbox"/> NIMH Multi-site HIV 1998): Project | |

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❖ **Program Plan Worksheet (PEMS Table E1) (continued)** ❖

E103. CDC Recommended Guidelines

- ☐ Counseling, Testing and Referral
☐ CRCS (Comprehensive Risk Counseling and Services)
☐ PCRS (Partner Counseling and Referral Services)

E104. Other Basis (Indicate the scientific, theoretical or operational basis for the program. Specify the published article or study upon which this program is modeled, or briefly describe the source of the model for the program.)

- ☐ Study, please specify _____
☐ Other, please specify _____

E105. Target Population (select all that apply)

- ☐ Persons living with HIV/AIDS
☐ Blacks
☐ Men who have sex with Men (MSM)
☐ High Risk Heterosexuals
☐ Transgender persons
☐ Injection Drug Users (IDU)
☐ Homeless persons
☐ Youth
☐ Incarcerated
☐ Latinos

E106. Sub-target Population(s): please specify

E107. Program Model Start Date: ____/____/____

E108. Program Model End Date: ____/____/____

Intervention List for this Program Model – Please list each intervention that will be implemented for this Program Model and fill out an **Intervention Worksheet** (pages 5-7) for each intervention listed.

Intervention Letter	Intervention Name
A	
B	
C	
D	
E	
F	

G	
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PEMS Intervention Worksheet (continued)

Program Model Name (From page 2): _____

F02. Intervention Name (from Program Plan Worksheet, page 4): _____

F01. Intervention Type (Taxonomy of interventions that differentiates broad categories of prevention services; contains one or more specific activities or methods used to induce change in a person's behavior, thoughts, or feelings.) Select one of the following:

- ☐ Counseling and Testing
- ☐ Health Communication/Public Information
- ☐ Partner Counseling and Referral Services
- ☐ Comprehensive Risk Counseling and Services (CRCS)
- ☐ Outreach
- ☐ Health Education/Risk Reduction (not Outreach or CRCS)
- ☐ Other

F03. Does this Intervention primarily or exclusively target persons living with HIV/AIDS (PLWHAs) and their sex and/or injection drug using partners?

- ☐ Yes ☐ No

F04. Does this intervention primarily or exclusively target pregnant women to reduce the risk of perinatal HIV transmission?

- ☐ Yes ☐ No

F05. Total **number** of clients estimated to be served for the target population(s) specified on the Program Model Worksheet.

_____ **Total Estimated Clients to be served (sum of A to J below)**

- _____ **(A)** Persons living with HIV/AIDS
- _____ **(B)** Blacks
- _____ **(C)** Men who have sex with Men (MSM)
- _____ **(D)** High Risk Heterosexuals
- _____ **(E)** Transgender persons
- _____ **(F)** Injection Drug Users (IDU)
- _____ **(G)** Homeless persons
- _____ **(H)** Youth
- _____ **(I)** Incarcerated
- _____ **(J)** Latinos

F07. Planned Number of Cycles (Number of times a unique intervention is intended to be delivered in its entirety over the program model period; a cycle is a complete delivery of an intervention to its intended audience)

_____ or ☐ Ongoing

F08. Number of Sessions (The total number of sessions planned for an intervention that has a predetermined or targeted number of sessions; "unknown" is acceptable). This would be the number of times the intervention is held within a cycle.

_____ times or ☐ Unknown

F09. Unit of Delivery – The category or grouping of intended clients for the intervention (check all that apply):

- ☐ Individual ☐ Large Group

- ☐ Couple
☐ Small Group

- ☐ Community

PEMS Intervention Worksheet (continued)

F10. Activities or components of the planned intervention (check all that apply)

<input type="checkbox"/> HIV Testing <input type="checkbox"/> Referral <input type="checkbox"/> Personalized risk assessment <input type="checkbox"/> Elicit partners <input type="checkbox"/> Notification of exposure Information <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> HIV testing <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other Demonstration <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation and communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other Practice <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Partner notification <input type="checkbox"/> Other	Discussion <input type="checkbox"/> Sexual risk reduction <input type="checkbox"/> IDU risk reduction <input type="checkbox"/> HIV Testing <input type="checkbox"/> Other sexually transmitted diseases <input type="checkbox"/> Disclosure of HIV status <input type="checkbox"/> Partner notification <input type="checkbox"/> HIV medication therapy adherence <input type="checkbox"/> Abstinence/postpone sexual activity <input type="checkbox"/> IDU risk free behavior <input type="checkbox"/> HIV/AIDS transmission <input type="checkbox"/> Viral hepatitis <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Availability of HIV/STD counseling and testing <input type="checkbox"/> Availability of partner notification and referral services <input type="checkbox"/> Availability of social services <input type="checkbox"/> Availability of medical services <input type="checkbox"/> Condom/barrier use <input type="checkbox"/> Negotiation/Communication <input type="checkbox"/> Decision making <input type="checkbox"/> Providing prevention services <input type="checkbox"/> Alcohol and drug use prevention <input type="checkbox"/> Sexual Health <input type="checkbox"/> Other Other testing <input type="checkbox"/> Pregnancy <input type="checkbox"/> STD <input type="checkbox"/> Viral hepatitis Distribution <input type="checkbox"/> Male condoms <input type="checkbox"/> Female condoms <input type="checkbox"/> Safe sex kits <input type="checkbox"/> Safer injection/bleach kits <input type="checkbox"/> Lubricants <input type="checkbox"/> Education materials <input type="checkbox"/> Referral lists <input type="checkbox"/> Role model stories <input type="checkbox"/> Other Other <input type="checkbox"/> Post-intervention follow up <input type="checkbox"/> Post-intervention booster session <input type="checkbox"/> HIV Testing history survey <input type="checkbox"/> Other (specify) _____
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F11. Planned Delivery Method for this intervention (choose all that apply):

- ☐ In person
☐ Internet
☐ Printed Materials – magazines, newspapers
☐ Printed Materials – pamphlets, brochures
☐ Printed Materials – posters, billboards
☐ Radio

- ☐ Telephone
- ☐ Television
- ☐ Video
- ☐ Other, specify _____

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Intervention Worksheet (continued)

F13. Will Client Behavior details (risk assessment and follow-ups) be done for this intervention?

- ☐ Yes ☐ No

F14. Level of data collection

- ☐ **Aggregate** (for HCPI, Basic Street Outreach, some GLIs)
- ☐ **Client-Level** (for ILI, CRCS, ISO, and DEBI interventions)